Use this form for ge	eport Cover eneral report and committee infection to update information	ormation, must be	signed and sul	bmitted along with	other detailed forms.
1. Committee Information a. Full Name	•				c. ID Number
11.1 - 11.11 - 20.000	for Board of Education				C. 1D Number
	lude City, State and Zip Code)	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			d. Date Filed
1700 (hes	mus Clue.				1-30-2015
new Berr	tnut (lue. 1 n.c. 28562				e. Phone Number
, (•				252-637-5701
2. Report Year	3. Period Start Date (mm/dd/y	(mm/dd/yy)	End Date	5. Treasurer Fu	
2014	09/04/2014	12/3	31/2014	Beatrice Smith	
6. Type of Commit		. Type of Report	(check or	nly one type of repo	rt from one category)
Candidate Camp PAC		Municipal	State/C		Referendum
Independent		Organizationa Thirty-five day		Organizational	Organizational
Expenditure Legal Expense F		Thirty-five day	y	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund	L	Pre-runoff Semi-annual		Third	Annual
		Mid Year		Fourth Semi-annual	Special
Other:		Year End		Mid Year	10. Special Report Name
9 N 6 F 3		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final	
11. Account Inform	nation	7.6400	11. Account	Special Information	
a. Financial Institution		A H E Sel See See See See See See See See See		titution Full Name	
First South Bank					
b. Purpose Campaign	c. Account Code		b. Purpose		c. Account Code
Campaign	01				
	d. Period Begin Balance				d. Period Begin Balance
	\$ 0				\$
CERTIFICATION					
I certify that the Corthe NC General Stat	nmittee or Fund is in compliand utes and that no funds are comm I correct and that I have been tr	mingled with prohained by the NC S	ibited or other	non-disclosed fund Elections.	B, & 22D-22M of Chapter 163 of ls. I further certify that this report 1/30/20/1 Date
FOR OFFICE USE O			, 11		
Date Received:	JAN 8 0 2015	Employee:	1	View 8	Delivery Method Normal Mail
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered Electronically Filed
Date Scanned:		Employee:			Signer has not received mandatory training
Date Data Enter	ed:	Employee:			mandatory training
Please Note: The	is form cannot be used to amen custodian o You must amend the Statemen	of books informat	ion, or account	information.	dress, treasurer, assistant treasurer, ttee changes.

Amendment

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	. Type of Report		3. ID Number
	Fourth Quarter		3. ID Itumber
Start of Election Cycle: January 1,	2014	Total this	Total this
4) Cash on Hand at Start	2014	Reporting Period	Election Cycle
RECEIPTS		\$ 0	\$ 0
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	Φ
6) Contributions from Individuals		\$ 2493	\$ 2402
7) Contributions from Political Party Committees	(CRO-1210)		\$ 2493
8) Contributions from Other Political Committees	(CRO-1220)		\$ 350
	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources 11a) Interest on Bank Accounts	(CBO 1250)	Φ	¢.
	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	is (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$ 2843	\$ 2843
<u>EXPENDITURES</u>		W. S. Land M. S. Land B. S. Cont.	The state of the s
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2528.22	\$ 2528.22
13b) Contributions to Candidates/Political Committe	es (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 2528.22	\$ 2528.22
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra		\$ 314, 7 8	\$ 314.78
ADDITIONAL INFORMATION	ALCOHOL: NO.		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans			
	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		m Individuals lividual contributions of	over \$5	Pg 0 or contributions und			Amendment Yes	
***************************************		(and Fund if applica		of Conditions and	Market State Comment	2. ID Nun		
	Bea Smith for Boa						2.44.7.4	
3. Contr	ibutor Informatio	on		Add Rei	move			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)							
Beatrice				Retired	-Calabara and a second			
	estnut Ave n, Nc 28562			c. Employer's Name/Sp Educator	ecific Field	4		
THE W DOI	n, 140 20302			Educator		e. Election S	um to Date	
						\$	2468	
f. Prior	g. Account Code	h. Form of Payment	i In-l	Kind Description	Date (mm/dd/m		_	
	01		1, 111-1	and Description	j. Date (mm/dd/yy		k. Amount	700
	01	ck			09/18/	14	\$	500
	01	ck			12/19/	/14	\$	218
	01	ck			9/4/1	.4	\$	450
	ibutor Informatio			Add Rer	move			
	me, Mailing Address &	& Phone	E 10 15 E 115	b. Job Title/Profession		d. Comments	s	
(include Beatrice S	city, state, & zip)			J				
Deau ice i	Silliui			Retired c. Employer's Name/Sp	pacific Field	-		
				Educator	ecine ricia	-		
					e. Election Su	um to Date		
						\$	2468	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy)	yy)	k. Amount	
	01	debit crd			9/4/14	4	\$	1031.20
	01	ck			10/3/1	14	\$	268.80
							\$	
	ibutor Informatio			Add Ren	move			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
Zeda Tric	city, state, & zip)			Datinal	!			
PO Box 1				Retired c. Employer's Name/Sp	sosific Field			
	n, NC 28562			State Government				
	7				e. Election Su	e. Election Sum to Date		
						\$	25	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	01	ck			9/28/1	4	\$	25
							\$	
							\$	
4. Total	l only this Page	e			Control and	\$		2493
5. Total	of ALL CRO	-1210 Pages						

NC State Board of Elections April 2007

2493

Contributions from Political Party Committees

		Amei	ndment		
Pg	of		Yes	X	No

Use this form to report contributions from a political party

	'ull Name (and Fund if nith Board of Education	ACCES TO THE RESIDENCE OF THE PERSON OF THE	2. ID Number			
a. Full Name, Mailir (include city, state	ng Address & Phone	Add	Ke	emove	b. Co	mments
Butterfield for C PO Box 2571 Wilson, NC 278	Congress				c. Elec	ection Sum to Date
d. Account Code	e. Form of Payment	f. In-Kind Description		g. Date		h. Amount
01	ck			(mm/dd/yyyy 08/28/20		\$ 350
						\$
						\$
3. Contributor I		Add	Re	emove		
a. Full Name, Mailin (include city, state					b. Cor	mments
d. Account Code	e. Form of Payment	f. In-Kind Description		g. Date (mm/dd/yyyy	y)	h. Amount
				(mm/dd/yyyy	()	\$
						\$
						\$
3. Contributor L	nformation	Add	Rei	emove		
a. Full Name, Mailin (include city, state					b. Cor	mments
					c. Elec	ction Sum to Date
d. Account Code	e. Form of Payment	f. In-Kind Description		g. Date (mm/dd/yyyy		h. Amount
						\$
						\$
						\$
4. Total only t					\$	350
	LL CRO-1220 Page on line 7 of Detailed Summe				\$	350

JAN 3 0 2015

					Amendment		
Disbursements	Pg	1	of	Z	Yes	V	No
77 11 0					£	7	

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	1. Committee Full Name (and Fund if applicable) 2. ID Number							
Beatrice Bea Smith 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
3. Type of Disb								
4. Payee Inform		Contributions to Car	ndidates/Political Committees Add		ordinated Party Expenditures			
•			b. Coordinated Committee Na	Remove	La Commente			
(include city, state,	ing Address & Phone		b. Coordinated Committee Na	ime	d. Comments			
Alpha Graphics								
3731 Trent Rd			c. Level Registered (Specify)		,			
New Bern, NC 28562			Federal	County:				
,			State	Municipality:	e. Election Sum to Date			
					\$ 999.98			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
01	ck	A	09/22/14	\$549.98				
	- CR	71	03/22/14	Ψ3+7.76				
01	ck	A	09/2/14	\$450				
4. Payee Inform	ation		Add	Remove				
	ng Address & Phone		b. Coordinated Committee Na		d. Comments			
(include city, state,								
First South Ban	k							
PO Box 2047			c. Level Registered (Specify)					
Washington, NO	27889		Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 68.54			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
01	debit	o	09/30/14	\$23.54	checks			
01	debit	0	11/6/14	\$45	return fee			
4. Payee Inform	ation		Add	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments			
(include city, state,	& zip)							
Ashley Whitford	đ							
5203 Pinetree L			c. Level Registered (Specify)					
New Bern, NC	28562		Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 100			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
01	ck	A	09/30/14	\$100	card/sign desig			
			100 A 90 B00 B0 B					
				\$				
5. Total only thi					\$ 1168.52			
	CRO-1310 Pages			100 E				
(This line goes in	\$ 2528.22							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
	es (List detailed exp			res)				
A* - Media	B* - Printing	C* - Fund	<u> </u>	D - To Anothe	er Candidate			
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses			
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund			
O* - Other								
~ Codes require	e detailed explanati	on in required re	emarks field (k)	JANS	Land Control of the C			

Disbursements

			_	Ame	ndment		
Pg	2	of	7		Yes	A	No
						7	

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

I. Committee F Beatrice Bea Sn	ull Name (and Fun	d if applicable)		A 12 2 12 12 12 12 12 12 12 12 12 12 12 1	2. ID Number				
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating E			ndidates/Political Committees		ordinated Party Expenditures				
4. Payee Inform	nation		Add	Remove	Control of the second				
	ng Address & Phone		b. Coordinated Committee N		d. Comments				
(include city, state,									
Sun Journal									
PO Box 13948			c. Level Registered (Specify)						
New Bern, NC	28562		Federal	County:					
			State	Municipality:	e. Election Sum to Date				
					\$ 268.50				
		1							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
01	ck	A	10/03/14	\$268.50	ad				
				\$					
4. Payee Inform	ation		Add	Remove					
	ng Address & Phone		b. Coordinated Committee N		d. Comments				
(include city, state,									
Elton Bryant									
1198 Asbury Rd	1		c. Level Registered (Specify)						
Cove City, NC 2	28523		Federal	County:					
			State	Municipality:	e. Election Sum to Date				
					\$ 60				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
01	ck	Е	11/06/144	\$60	checks				
	CK	L	11/00/144	\$00					
				\$	return fee				
4. Payee Inform	ation		Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments				
(include city, state,	& zip)								
Vista Print									
Vista Print.com			c. Level Registered (Specify)						
			Federal	County:					
			State	Municipality:	e. Election Sum to Date				
					\$ 1031.20				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
		E Street Property Control			cards				
01	debit card	В	10/01/14	\$1031.20	our us				
		×		\$					
5. Total only thi	s Paga			<u></u>	\$ 1359.70				
	CRO-1310 Pages				Ф 1339.70				
		mary Page CRO-1100) if Operating Expenses)		Ф. 2520.22				
) if Contrib to Candidates/Politic		\$ 2528.22				
) if Coordinated Party Expenditu	res)					
	es (List detailed ex		<u> </u>						
A* - Media	B* - Printing	C* - Fund G - Politic		D - To Anothe	A CONTRACTOR OF THE PROPERTY O				
E - Salaries I - Postage	F* - Equipment J - Penalties		Public Office Expenses n to Legal Expense Fund						
O* - Other			e Expenses		-				
* Codes require	e detailed explanati	on in required re	marks field (k)	JAN					
CRO-1310			tate Board of Elections		3 0 2015 December 2009				